

**United States Bankruptcy Court  
Northern District of Illinois**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Covenah, Rodney</b>		Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Covenah, Gail J.</b>							
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):							
Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all) <b>xxx-xx-7032</b>		Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all) <b>xxx-xx-7279</b>							
Street Address of Debtor (No. & Street, City, and State): <b>1441 Parkview Terrace South Algonquin, IL</b>		Street Address of Joint Debtor (No. & Street, City, and State): <b>1441 Parkview Terrace South Algonquin, IL</b>							
		ZIP Code	ZIP Code						
County of Residence or of the Principal Place of Business: <b>Mchenry</b>		County of Residence or of the Principal Place of Business: <b>Mchenry</b>							
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):							
		ZIP Code	ZIP Code						
Location of Principal Assets of Business Debtor (if different from street address above):									
<b>Type of Debtor</b> (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and provide the information requested below.) State type of entity:	<b>Nature of Business</b> (Check all applicable boxes.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Nonprofit Organization qualified under 26 U.S.C. § 501(c)(3)	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <input type="checkbox"/> Chapter 13							
		<b>Nature of Debts</b> (Check one box) <input type="checkbox"/> Consumer/Non-Business <input checked="" type="checkbox"/> Business							
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2 million.							
<b>Statistical/Administrative Information</b>									
<input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.									
THIS SPACE IS FOR COURT USE ONLY									
Estimated Number of Creditors									
1- 49	50- 99	100- 199	200- 999	1000- 5,000	5001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	OVER 100,000
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Assets									
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Estimated Debts									
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Covenah, Rodney</b> <b>Covenah, Gail J.</b>
<b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than one, attach additional sheet)		
Location Where Filed: <b>Northern District of Illinois</b>	Case Number: <b>98-54299</b>	Date Filed: <b>12/23/98</b>
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)		
Name of Debtor: <b>- None -</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:
<b>Exhibit A</b>  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)		<b>Exhibit B</b>  (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by §342(b) of the Bankruptcy Code.
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>X</b> Signature of Attorney for Debtor(s) _____ Date _____
<b>Exhibit C</b>  Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?		<b>Certification Concerning Debt Counseling by Individual/Joint Debtor(s)</b>  <input checked="" type="checkbox"/> I/we have received approved budget and credit counseling during the 180-day period preceding the filing of this petition.  <input type="checkbox"/> I/we request a waiver of the requirement to obtain budget and credit counseling prior to filing based on exigent circumstances. (Must attach certification describing.)
<b>Information Regarding the Debtor (Check the Applicable Boxes)</b>		
<b>Venue</b> (Check any applicable box)		
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.  <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.		
<b>Statement by a Debtor Who Resides as a Tenant of Residential Property</b> <i>Check all applicable boxes.</i>		
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)		
<hr/> (Name of landlord that obtained judgment)		
<hr/> (Address of landlord)		
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and		
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.		

(Official Form 1) (10/05)

**Voluntary Petition**

(This page must be completed and filed in every case)

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by §342(b) of the Bankruptcy Code.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Rodney Covenah**Signature of Debtor **Rodney Covenah****X /s/ Gail J. Covenah**Signature of Joint Debtor **Gail J. Covenah**

Telephone Number (If not represented by attorney)

**September 22, 2006**

Date

**Signature of Attorney****X /s/ JAMES E. STEVENS**

Signature of Attorney for Debtor(s)

**JAMES E. STEVENS**

Printed Name of Attorney for Debtor(s)

**BARRICK, SWITZER, LONG, BALSLEY & VAN EVERA**

Firm Name

**6833 Stalter Drive  
Rockford, IL 61108**

Address

**Email: jstevens@bslbv.com****815-962-6611 Fax: 962-1758**

Telephone Number

**September 22, 2006**

Date

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):

**Covenah, Rodney****Covenah, Gail J.****Signatures****Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by §1515 of title 11 are attached.

Pursuant to §1511 of title 11, United States Code, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person,or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Rodney Covenah**  
**Gail J. Covenah**

Debtor(s)

Case No.  
Chapter

**11**

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Accubite Dental Supply 7300 W. McNab Rd., Ste. 117 Tamarac, FL 33321	Accubite Dental Supply 7300 W. McNab Rd., Ste. 117 Tamarac, FL 33321			1,326.25
Align Technology 2601 Reid Farm Road Rockford, IL 61114	Align Technology 2601 Reid Farm Road Rockford, IL 61114			1,113.45
Central DuPage Hospital 223 W. Jackson Blvd. Chicago, IL 60606	Central DuPage Hospital 223 W. Jackson Blvd. Chicago, IL 60606			1,092.68
Direct Loans Student Loan U.S. Dept. of Education P.O. Box 530260 Atlanta, GA 30353	Direct Loans Student Loan U.S. Dept. of Education P.O. Box 530260 Atlanta, GA 30353			105,660.26
Dostal Dental Lab 2838 Sunset Blvd. Los Angeles, CA 90026	Dostal Dental Lab 2838 Sunset Blvd. Los Angeles, CA 90026			950.00
Farmers Insurance P.O. Box 430 Aurora, IL 60507	Farmers Insurance P.O. Box 430 Aurora, IL 60507	Malpractice insurance		2,391.00
IRS P.O. Box 105416 Atlanta, GA 30348	IRS P.O. Box 105416 Atlanta, GA 30348	2004 Taxes		1,653.44
IRS P.O. Box 105416 Atlanta, GA 30348	IRS P.O. Box 105416 Atlanta, GA 30348	2005 Taxes		6,230.32
Ivory Dental Lab 4205 Santa Monica Blvd. Los Angeles, CA 90029	Ivory Dental Lab 4205 Santa Monica Blvd. Los Angeles, CA 90029			671.65
Loyola Student Loan General Revenue Corp. P.O. Box 495999 Cincinnati, OH 45249	Loyola Student Loan General Revenue Corp. P.O. Box 495999 Cincinnati, OH 45249			68,802.53
Management Marketing Services P.O. Box 1494 Northbrook, IL 60065	Management Marketing Services P.O. Box 1494 Northbrook, IL 60065	Rent		35,262.26

In re **Rodney Covenah  
Gail J. Covenah**

Case No. \_\_\_\_\_

Debtor(s) \_\_\_\_\_

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
<b>MRI</b>	<b>MRI</b>			<b>600.00</b>
<b>NICOR P.O. Box 310 Aurora, IL 60507</b>	<b>NICOR P.O. Box 310 Aurora, IL 60507</b>	<b>Utility services</b>		<b>679.37</b>
<b>Praxair - Nitrous/oxygen 20600 Chagrin Blvd. Ste. 550 Shaker Heights, OH 44122</b>	<b>Praxair - Nitrous/oxygen 20600 Chagrin Blvd. Ste. 550 Shaker Heights, OH 44122</b>			<b>2,030.75</b>
<b>Redbird Financing 20370 Rand Road Suite 207 Kildeer, IL 60074</b>	<b>Redbird Financing 20370 Rand Road Suite 207 Kildeer, IL 60074</b>			<b>726.18</b>
<b>Sallie Mae Student Loan P.O. Box 9500 Wilkes Barre, PA 18773</b>	<b>Sallie Mae Student Loan P.O. Box 9500 Wilkes Barre, PA 18773</b>			<b>30,813.00</b>
<b>Toni Levine, MD 1975 Lin Lor Lane Suite 225 Elgin, IL 60123</b>	<b>Toni Levine, MD 1975 Lin Lor Lane Suite 225 Elgin, IL 60123</b>			<b>669.92</b>
<b>Unicare Health Insurance P.O. Box 5017 Bolingbrook, IL 60440</b>	<b>Unicare Health Insurance P.O. Box 5017 Bolingbrook, IL 60440</b>			<b>1,045.15</b>
<b>Yellow Book 1933 N. Meacham Road Schaumburg, IL 60173</b>	<b>Yellow Book 1933 N. Meacham Road Schaumburg, IL 60173</b>			<b>2,056.00</b>
<b>Zwicker &amp; Assoc. 800 Federal St. Andover, MA 01810</b>	<b>Zwicker &amp; Assoc. 800 Federal St. Andover, MA 01810</b>			<b>4,500.00</b>

In re **Rodney Covenah  
Gail J. Covenah**

Case No. \_\_\_\_\_

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date September 22, 2006 Signature /s/ Rodney Covenah  
**Rodney Covenah**  
Debtor

Date September 22, 2006 Signature /s/ Gail J. Covenah  
**Gail J. Covenah**  
Joint Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
Northern District of Illinois**

In re Rodney Covenah  
Gail J. Covenah

Debtor(s)

Case No.  
Chapter

11

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: 44

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: September 22, 2006

/s/ Rodney Covenah  
**Rodney Covenah**  
Signature of Debtor

Date: September 22, 2006

/s/ Gail J. Covenah  
**Gail J. Covenah**  
Signature of Debtor

Accubite Dental Supply  
7300 W. McNab Rd., Ste. 117  
Tamarac, FL 33321

Alexian Brothers Medical Center  
800 Biesterfield Road  
Elk Grove Village, IL 60007

Align Technology  
2601 Reid Farm Road  
Rockford, IL 61114

Allerclinic

AT&T  
P.O. Box 8100  
Aurora, IL 60507

Capital One  
Capital Management Services  
726 Exchange St., Ste. 700  
Buffalo, NY 14210

Central DuPage Hospital  
223 W. Jackson Blvd.  
Chicago, IL 60606

Com Ed  
Bill Payment Center  
Chicago, IL 60668

Direct Loans Student Loan  
U.S. Dept. of Education  
P.O. Box 530260  
Atlanta, GA 30353

Dish Network  
Dept. 0063  
Palatine, IL 60055-0063

Dostal Dental Lab  
2838 Sunset Blvd.  
Los Angeles, CA 90026

Farmers Insurance  
P.O. Box 0913  
Carol Stream, IL 60132

Farmers Insurance  
P.O. Box 430  
Aurora, IL 60507

Gevalia Kaffe - OSI

Gevalia Kaffe - OSI Recovery  
P.O. Box 8904  
Westbury, NY 11590

GMAC Mortgage  
P.O. Box 9001719  
Louisville, KY 40290

Good Shepherd Hospital  
450 W. Highway 22  
Barrington, IL 60010

Hinckley Springs  
P.O. Box 660579  
Dallas, TX 75266

Home Pages  
American Marketing & Publishing  
P.O. Box 801  
Dekalb, IL 60115

IDS Security Inc.  
P.O. Box 974064  
Dallas, TX 75397

IRS  
P.O. Box 105416  
Atlanta, GA 30348

Ivory Dental Lab  
4205 Santa Monica Blvd.  
Los Angeles, CA 90029

Life Insurance

LLP Mortgage  
6000 Legacy Ste. 3E  
Chicago, IL 60603

Loyola Student Loan  
General Revenue Corp.  
P.O. Box 495999  
Cincinnati, OH 45249

Management Marketing Services  
P.O. Box 1494  
Northbrook, IL 60065

MRI

NICOR  
P.O. Box 310  
Aurora, IL 60507

Patrick Connor MD  
P.O. Box 6027  
Plymouth, MI 48170

Praxair - Nitrous/oxygen  
20600 Chagrin Blvd. Ste. 550  
Shaker Heights, OH 44122

Provena Saint Joseph Hospital  
2250 E. Devon Ave., Ste. 352  
Des Plaines, IL 60018

Publishers Clearing House  
P.O. Box 988  
Harrisburg, PA 17108

Quest Diagnostics  
P.O. Box 64804  
Baltimore, MD 21264

Rain Tree Essex  
5204 Tennyson Pkwy, Ste. 300  
Plano, TX 75024

Redbird Financing  
20370 Rand Road  
Suite 207  
Kildeer, IL 60074

Rick's Signs/Repairs  
P.O. Box 115  
Fox River Grove, IL 60021

Sallie Mae Student Loan  
P.O. Box 9500  
Wilkes Barre, PA 18773

Tel Assist  
Bill Payment Center  
400 E. 22nd St., Ste. 400A  
Lombard, IL 60148

Toni Levine, MD  
1975 Lin Lor Lane  
Suite 225  
Elgin, IL 60123

Unicare Health Insurance  
P.O. Box 5017  
Bolingbrook, IL 60440

Veneer Lab

Verizon  
P.O. Box 25505  
Lehigh Valley, PA 18002

Yellow Book  
1933 N. Meacham Road  
Schaumburg, IL 60173

Zwicker & Assoc.  
800 Federal St.  
Andover, MA 01810